

Type 1 Diabetes Glycemic Management

Treatment Goals for Adults

Improving glucose levels is essential to preventing both acute and chronic complications of diabetes.

When setting treatment goals, remember to:

- Identify and work to address social determinants of health that impact diabetes management
- Set and reassess treatment goals regularly

A1C

MEASURE OF LONG-TERM GLYCEMIA

- A1C is an indirect measure of average glycemia over approximately 2–3 months*
- Check A1C at least twice a year. Assess more frequently for individuals not meeting treatment goals
- A1C goal for most non-pregnant adults with diabetes is <7%.
- A1C goals <7% may be acceptable and even beneficial if achieved safely, without significant hypoglycemia, and without significant treatment burden*
- Less stringent A1C goals, such as up to 8%, may be appropriate for individuals with limited life expectancy or where harms of more intensive treatment (hypoglycemia, treatment burden, side effects) outweigh its benefits

GLUCOSE LEVEL

MEASURE OF CURRENT OR SHORT-TERM GLYCEMIA

- Glucose levels can be measured using capillary (finger-stick) devices or continuous glucose monitors (CGMs)
- Goal (preprandial) fasting blood glucose is 80–130 mg/dL
- CGMs should be offered to all people with type 1 diabetes
- For those using a CGM, optimize time in range (TIR), time below range (TBR), and time above range (TAR) goals:

CGM GOALS:

TAR >250 mg/dL (>13.9 mmol/L)	<5% (most adults) <10% (older adults)
TAR 181–250 mg/dL (10.1–13.9 mmol/L)	<25% (most adults) <50% (older adults)
TIR 70–180 mg/dL (3.9–10.0 mmol/L)	>70% (most adults) >50% (older adults)
TBR 54–69 mg/dL (3.0–3.8 mmol/L)	<4% (most adults) <1% (older adults)
TBR <54 mg/dL (<3.0 mmol/L)	<1%

Adults with type 1 diabetes nearly always require insulin therapy.

Individuals should receive education on insulin administration techniques and technology management.



Prevent Acute Diabetes Complications: Severe Hypoglycemia and Diabetic Ketoacidosis (DKA)

SEVERE HYPOGLYCEMIA

- Screen all people with type 1 diabetes for risk of hypoglycemia, fear of hypoglycemia, and impaired awareness of hypoglycemia

“Have you ever had a low blood sugar that required you to treat it? That required someone else to help you treat it?”
“Can you always feel when your blood sugar is low?”

- Refer all people at risk for hypoglycemia or impaired awareness of hypoglycemia for diabetes self-management education and support (DSMES) and a behavioral health professional
- Prescribe glucagon to all people taking insulin or at high risk for hypoglycemia and educate caregivers on glucagon use

DKA

- Educate all people with type 1 diabetes on the recognition, prevention, and treatment of DKA.
- Provide guidance on frequent glucose monitoring and appropriate insulin therapy for times of fasting and illness. Basal insulin should not be discontinued during fasting or illness.
- Refer to DSMES to help support education and a behavioral health professional.



*These glycemic goals are appropriate for most non-pregnant adults with type 1 diabetes, but higher or lower goal ranges may be appropriate depending on the individual's risk for hypoglycemia, treatment burden, life expectancy, and specific situation.

Learn more at professional.diabetes.org | 1-800-DIABETES (800-342-2383)

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